☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 739932
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Nathan Johnson, Rank, Sergeant

Company D. 7th Reg't U.S.C.T. Baltimore State, Md
[Post-office address of the Board.]

Claimant's post-office address. 610 Stirling St Balto Md May 9", 1890.
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: Injury to back.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of 0 dollars per month.

He makes the following statement upon which he bases his claim for Original
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Claims to have received an injury to back in carrying a log of wood and again while working when a prisoner of war.
Has pain in back and cannot lift or do heavy work

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 18; temperature, n; height, 5 feet 10 inches; weight 170 pounds; age, 48 years. General physical condition good

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

No scar or other external signs of injury
Sensitiveness over the sacrum.
Has pain and difficulty when stooping
Heart normal
No other disability

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Rate for EACH cause of disability.

He is, in our opinion, entitled to a 4/18 rating for the disability caused by Injury to back. for that caused by ______, and ______ for that caused by ______

A. A. White, Pres. E. S. Conly, Sec'y. Geo R. Graham, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(18216—150 M.) 6—552

SC4126-85-8